V. S. No. 1

state	UPA-	
pluod	000	1
U2	of	
IYSICIANS	statement	
. PH	Exact	
ould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	F DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	4
stated E	properly	ery important. See instructions on back of certificate.
be	be	Jo
pinods	it may	n back
AGE	that	tions o
pplied.	terms, s	instruc
lly su	lain	See
arefu	H in 1	rtant.
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pino	FD	ery

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE	OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
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- 8	260	CAP	300
8	EQ	05	60
	-	~ 0	10

1. PLACE OF DEATH	
county carroll	Registration Dist. No. //
	NoSt,Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrs,mosds.
2. FULL NAME Howard a, Byler (a) Residence: No.  (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white s. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH (Mogth) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. apul HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) MCC (874) 7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 5,30 A.M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
S. Trade, profession, or particular kind of work dona, as SPINNER, Bulared Flammer SAWYER, BOOKKEEPER, etc	were as follows:  Date of enset
kind of work dona, as SPINNER, Bulling James Jam	
year) occupation occupation	Other Contributory Canaca of Importance:
(State or country) Transfand	My culan sound belong 10 ye
13. NAME Elias Tiplor	1919 Calori 15 ya
13. NAME Ellas Offer  14. BIRTHPLACE (city or town) Carroll CO (State or country) Many Ellas of	Nama of operation. Date of Date of
	What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to axtarnal causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Larah C. Leister  16. BIRTHPLACE (city or town) Chrace co (State or country) maryland	Accident, suicida, or homicide? Date of Injury, 19
17. INFORMANT Miss Emma Biller (Address) Ovestmente md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Meadow Branchota aug 21, 1934	Manner of Injury
19. UNDERTAKER 7413 ankard 43 on (Address) governmenter ma	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. JJ. 9. 19.3 A Illoodens. Registrar.	(Signed) (Address) August M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUOTAL V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

	STATE C	F MARYLAND-	-CERTIFICATE OF DEATH	8056
1. P	LACE OF DEATH			b*
C	County Carroll		Registration Dist. No.	7-5
\ \ \	/illage or City Sykesvill		NGFLELD STATE HOSPITAL St.	Ward
1	ength of residence in city or town where d		If death occurred in a horpital or institution, give its NAME instead of street and is	number) iosds.
2. FI	ULL NAME JOSEPH	V. BOSS		
. (	(a) Residence: No. 2315 Ar	lington Ave. (Usual place of abode)	St, Ward. Baltimore Md. If nonresident give city or lown and	l State
F	PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	ale White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  August 28,  (Month) (Day)	, 193.4
5a. If ma	arried, widowed, or divorced SBAND of			(1001)
(or	WIFE of Elizabeth I	Kenney	22. I HEREBY CERTIFY, That I attended  May 28, 19 34, to August 28	
6 DATE	OF BIRTH (month, day, and year) Se	pt. 16. 1865	Hast saw h. im alive on August 28, 19 34	death is said
7. AGE	Years Months	Days If LESS than	to have occurred on the date stated above, at 11:45m. P. M.	
1	69 11	1 day,hrs		
z 8.	Trade profession or particular		Modinetinal Tumon (Hade-	Date of onset
110		andscape garden	er termined) with pressure on	Unkn.
AP Da	Industry or business in which work was done, as SILK MILL,		lung	-
OCCUPATION 9. 0.	SAW MILL, BANK, etc	11. Total time (years) spant in this occupation42		-
	CHPLACE (city or town)  (State or country)  New Jers		Other Coutributory Causes of importance: Acute Cardiac Dilatation	8-23-3
四 13.	NAME Bidell Boss			
13. I	BIRTHPLACE (city or town) New	Versey	Name of operation Date of What test confirmed diagnosis? Phys. Signs Was Refer had been been been been been been been bee	sed/No
25. 1	MAIDEN NAME Emma E.	Vanvachten	23. If death was due to external causes (VIOLENCE) fill in also the following	2:
15. I	BIRTHPLACE (city or town) (State or country) New	Jersey	Accident, suicide, or homicide? Date of Injury  Where did injury occur?	
17. INFO	RMANT Hospital Re	ecords, S.S. Hosp	(Specific city or town accusts and Con-	ACE.
18. BURI	AL CREMATION, OR REMOVAL	Sono Lug 31, 1934	Manner of injury	
	ERTAKER John III	llich	24. Was disease or injury in any way related to occupation of deceased?	N-O
20. FILE	Sug. 29, 1934 B	Harry Haer Registrar.	(Signed) John L. Wilherd.	M. D.

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Example I	0.00	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

FOR BINDING

ARGIN RESERVED

V. S. No. 1

STATE C	F MARYLAND-	CERTIFICATE OF DEATH	SART
1. PLACE OF DEATH			0001
County drundl	****	Registration Dist. No.	4.
Village or City Suppression	ille	Not pringfield states He	africularity
Length of residence In city or town where		death occurred in a horpital or institution, give its NAME instead of street and n	
2. FULL NAME Man	- 14. I A S	Rady -	,
(a) Residence: No. 2 6 44	Alest !	Stare Ward Palt	2,
(a) residence. No	(Usual place of abode)	If nonresident give city or town and	State .
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH august 25  (Month) (Dey)	, 193
5a. If married, widowed or divorced HUSBAND of	7	22. I HEREBY CERTIFY. That I attended of	
(or) WIFE of the D	rady	March 31, 1931, 10 alia 25	19 3 4
6. DATE OF BIRTH (month, day, and year)	me 26,1890	I last saw h Lt. alive on assa 24, 193 4	death is sald
7. AGE Years Months	Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, at - T. DACem.	
44 1	2 9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	usue	T	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month and		Aller Culottes of Mugs	1720
SAW MILL, BANK, etc			
- Ima occupation (month and	11. Total time (years) spant in this		
year) Ro (	occupation	Other Coutributery Canses of importance:	
12. BIRTHPLACE (city or town) (State or country)	amere.		
13. NAME Charles	Pasel.		
14. BIRTHPLACE (city or town)	Busine	Name of operation Dete of	
(State or country)	ually	What test confirmed diegnosis? Lab. Sista. Was there an a	utonsv? 1/22
15. MAIDEN NAME Elizabe	the Felmaden	23. If death wes due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Cly ale	kusa a	Accident, suicide, or homicide? Date of injury	0
₹ (State or country) Was each	and	Where did injury occur?(Specify city or town, county and State	3
17. INFORMANT And Auto	ille ma	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. Burial, cremation, or removal NewpiaCathedral Cemet.	ety. Curg 29,1039	Manner of injury	
19. UNDERTAKER Silly & (Address) 403	Tiler One	24. Was disease or injury in eny way related to occupation of deceased?  If so, specify	
20. FILED Sug. 25, 1934 C	Haley Free Registrar.	(Signed) March My Telson M. (Address) Syferan Lle M.	M. D.
If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	,

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

ARGIN RESERVED

V. S. No. 1

of OCCUPA.

1. PLACE OF DEATH	F MARYLAND—		8058
County Cauall	y9A	Registration Dist. No.	4
Village or City Mean El		No. St., death occurred in a hospital or institution, give its NAME instead of street and n	
Length of residence in city or town where de	ath occurred yrs, mos.	now long in o. s. if of foreign bitting yes	)sas.
2. FULL NAME	4. 10000		
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193 <b>9</b> 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	L. Beoww	22. I HEREBY CERTIFY, That I ettended of	
6. DATE OF BIRTH (month, day, and year)	las, 7 1903	I last saw h alive on, 19,	
7. AGE Years Months	Days If LESS then 1 day,hrs.	to have occurred on the date stated above, at	
0/14	Jeg or min.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:	Date of onset
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cook	Amorrhade.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 3. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this pecupation (mank) and	& Hastital	Stat wound of nich	Suy5
10. Date deceased last worked et this occupation (month and year)	11. Total time (years) spent in this occupation	- Service Constitution of the Constitution of	7.7229
12. BIRTHPLACE (city or town)	544 1	Other Contributory Causes of importance:	
(State or country)	Mis.		
13. NAME Sloel	resource		
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	md,	Name of operation Date of What test confirmed diagnosis? Was there an a	utopsy? ZLL
15. MAIDEN NAME Maggie	Robinson	23. If death was due to externel causes (VIOL ENCE) fill in also the following	:
15. MAIDEN NAME Maggie 16. BIRTHPLACE (city or town) (Stete or country)	MA	Accident, suicide, or homicide? Journal Date of injury Mare did latury accur?	15, 19 3 4
17. INFORMANT CASHER RES	Liver	Where did injury occur? Caracter (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
12 BURIAL, CREMATION, OR REMOVAL	Thate aug 7 10.31	Manner of Injury Stabbell in neith	2.11
19. UNDERTAKER	etz nut	24. Was disease or injury in eny way related to occupation of deceased?	ay
20. FILED Aug. 5 1934 CA	Harry Meer	(Signed) 30 11 Berry Cut	was
	Registrar.	(Address) Washington	- free

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Example I	-	Example II	0.32(13)
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
Chronic interstitial nephritis	1910	Attack of epilepsy  Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927		1 week ago
AUREAU ***	0 wy0,1321	1 or workers	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1					OZIVIII IOIVII OI DZIVIII	059
:	1. PLACE OF		_		sis Sanatorium	
		arroll		lored Bra	Registration Dist. No. 74	
	Village or Ci	ty Henryton	, Maryla	nd.	NoSt.,	Ward
	Length of resid	dence in city or town where	e death occurred	O yrs. 5 (If	death occurred in a hospital or institution, give its NAME instead of street and nu ds. How long in U.S. if of foreign birth?yrsmos	mber)
1	2. FULL NAM	ME Gladys	Elizabet	h Carter		
	(a) Residence	e: No. 505 N	orris Al	ley, Bal	to se. Md. Ward.	
			(Usual place		If nonresident give city or town and S	tate
_		AL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
I	sex Cemale	4. color or RACE Colored	5. SINGLE, MAR OR DIVORCE SINGLE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH August 11, 1934.	193 (Year)
5a	. If marriad, widowe HUSBAND of (or) WIFE of	ed, or divorced			Peb., 28, 1934 CERTIFY. That I ettended do	ceased from
6	DATE OF RIPTH (	month, day, and year)	eb., 19,	1915	er Aug. 11. 1934	death is sald
_	AGE Year		Days	If LESS than	to have occurred on the data stated above, at 2.00 mP.M.	0001111000110
	1	9 5	23	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, Domestic SAWYER, BOOKKEEPER, etc.				Pulmonary Tuberculosis	NOV
	SAWYER,	BOOKKEEPER, etc.	Domesti	C		1933
UPA	work was	ousiness in which done, es SILK MILL, L, BANK, etc				
000	10. Data decease		11. Total t Unkn	ime (years) nt in this		
12	BIRTHPLACE (cit	Balti	more.		Other Contributory Causes of Importanca:	
	(State or coun	try) Mar	yland.			
ER		Raymond Ca				
FATHER	14. BIRTHPLACE (State or	(city or town) Bal	timore aryland.	~~~~~~	Name of operation Date of	7,
8		ME Roberta			What test confirmed diagnosis? Was there an eu	opsy?
MOTHER		Rol	timore,		23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	10
WO	16. BIRTHPLACE (State or	(GICY OF TOWIT)	arvland.		Where did injury occur?	, 19
17. INFORMANT John E. O'Neill, M. D., (Address) Henryton, Maryland.					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18	BURIAL, CREMATI	ON, OR REMOVAL	0.		Manner of injury	
	Place AM.	Jon Gen	Date Cur	192 , 19 34	Nature of injury	-7
19	. UNDERTÄKER _ (Address)	2 803	100	-1	24. Was disease or injury in any way related to occupation of deceased?	Uo,
20		/34 <sub>,19</sub>	hu 60	Messe	(Signed) Me Gy Mes	y.M.D.
			A		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
Date of onset  The principal cause of death and related of importance were as follows:  Attack of epilepsy	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

08060

1	1. PLACE OF DEATH Maryland Tube						roulosis Sanatorium Paristration Diet No. 74		
1		Village or C	ity Her	ryton,	Maryla	nd.	roulosis Sanatorium od Branch No. St., death accurred in a horpital or institution, give its NAME instead of street and in	Ward	
		Length of resi	dence in cit	y or town where d	eath occurred	yrs mos	deal occurred in a no pital of institution, give its 14 AIVE instead of street and in	sds.	
	2. FULL NAME Harry Edward Carter (a) Residence: No. Che sapeake City, Cecil (Usual place of abode)					ty, Cecil	. Co., Mdward.		
	-	PEDCON	IAI ANI	DETATION	CAL PARTI		If nonresident give city or town and S  MEDICAL CERTIFICATE OF DEATH	State	
	2 9	SEX		R OR RACE			21. DATE OF DEATH		
		Male	Cold	ored	OR DIVORCE	RIED, WIDOWED, D (write the word)	August 19, 1934 (Month) (Day)	193(Year)	
	5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of  Mrs. Emma Carter					Carter	Nov., 2, 1932, to Aug., 19,	leceased from	
te.	6. 1	DATE OF BIRTH	(month, day	, end year)	une 13,	1884	liast saw h 1m alive on Aug., 19, 1934	; death is said	
certificate	7. /	AGE Yea		Months 2	Days 6	If LESS then  1 day,hrs.	to have occurred on the date stated above, at 1 . 40 A. M.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance		
cer		Trade profession or particular					Pulmonary Tuberculosis	Septe.	
Jo	OCCUPATION	8. Trade, profession, or particuler kind of work done, as SPINNER, Laborer SAWYER, BOOKKEPER, etc						1931	
on back	work wes done, as SILK MILL, SAW MILL, BANK, etc								
	this occupation (month and Unk specific his year) Unkspecific Chesapeake City						Other Contributory Causes of Importance:		
instructions	_	State or cou	ntry)	M	aryland	Loy			
nst	ER	13. NAME	Chai	rles Ca:					
See i	FATH	14. BIRTHPLACE	(city or to		il Coun Maryland		Name of operation Date of What test confirmed diagnosis? Was there an et	- /,	
i.	ER	15. MAIDEN NA	ME A	lice Per			What test confirmed diagnosis? Was there an et		
important.	MOTHER	16. BIRTHPLACE		WII/	il Coun		Accident, suicide, or homicide? Date of Injury, 19		
y imp	17. INFORMANT John E. O'Neill, M. D.					. D.	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
is very	18.	(Address) BURIAL, CREMAT		EMOVAL ~		22 193%	Manner of injury		
TION	19.	UNDERTAKER _	Mili	Poppe	n,	3	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?		
1	20.	(Address) S	9/34,	o Thur	600	Carl 1.	(Signed) (Address)	W. M. D.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

mation should be carefully supplied.

B.—WRITE PLAINLY.

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Example I	The state of the s	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BEIDEALT V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
DEC 8 1644	ė į				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

should state

V. S. No. 1 g

1. PLACE OF DEATH	
County Carroll	Registration Dist. No.
Village or City Mr. Westminster	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
1 10 0 00	To the state of th
2. FULL NAME Jundal & Chley	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of 70 of 12	22. I HEREBY CERTIFY That I attended deceased from
	I last saw has be a give on
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years   Months   Days   If LESS than	to heve occurred on the date steted above, a
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	were es follows
kind of work done, as SPINNER, Machinist	maparitie 1934
9 Industry or business in which work wes done, as SILK MILL,	
kind of work done, as SPINNER, Machinity or business in which work wes done, as SILK MILL, Slove Tax clary  10. Date deceased last worked at this occupation (month and this posturation (month and specific property).	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) milford	Dither Contributory Causes of importance:
(State or country) mass,	
13. NAME Howard J. Celley (?)	
14. BIRTHPLACE (city or town) Mass. (?)	Name of operation
(State of country)	What test confirmed diegnosis?
15. MAIDEN NAME Comando E. Macgregor() 16. BIRTHPLACE (city or town) Mass. (2)	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Mass. (2) (State or country)	Accident, suicide, or homicide?
71. 6 + O Daill	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT SULLS (Address) Westminster and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
PlaceWistminster Com. Date leding 3 , 1924	Neture of injury
19. UNDERTAKER &Bankard San	24. Was disease or injury In eny way related to occupation of deceased?
(Address) for estimination and	At so, specify
20, FILED 8/ 4 1934 Jalwoodware	(Signed) MA C Loute M. D.
Registrar.	(Address) / Westmarker West

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Example I	14	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephrifis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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)	iten	sh	Jo	
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of in	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU	
	Ev	ICL	atem	
	ORD	HYS	sts	
	202		xact	
	TT B	Y.	<u>P</u>	
5	NEN	TI	fied.	
	MA	(A)	lassi	
211	PER	E	ly c	ite.
J. F.	A	ted	per	tifica
1	SIS	sta	pro	cer
日日	HIS	l be	y be	t of
IR V	I I	onle	ma	TION is very important. See instructions on back of certificate.
4 2 2 4	K	E st	it it	On
2	SZ	AG	the	ions
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AK	NE	pplie	erm	inst
	田田	ns A	ain t	See
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THE SERVED FOR BINDING	1	Ë	C	T
i	K. B			
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1			OF MAR	YLAND-	CERTIFICATE OF DEATH 08062
1	L PLACE OF DEAT	TH			119
	CountyCa				Registration Dist. No.
	Village or Oity M1	t.Olive	,R.F.	D. Mt.Air	Ty , No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Langth of residance in cit	ty or town where	death occurred		r death occurred in a norpital of institution, give its NAIVIE instead of street and number)  s
:	. FULL NAME	Richard	Lee Do	rsey,	
	(a) Residence: No		Mt.Oli (Usual place	ve, Md.	St., Ward.  If nonresident give city or town and State
	PERSONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3.		R OR RACE	OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH  August, 8, 1934
5a.	If married, widowed, or divor				(non)
	(or) WIFE of		-		22. I HEREBY CERTIFY, That I attended deceased from
	ALTH AC DIDENT	10	7176		I last saw h Lieu alive on August 7 1934; death is sale
-	DATE OF BIRTH (month, day AGE Years	, and year) 19 Months	Days	If LESS than	to have occurred on the date stated above, att: 308 m.
		7	2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
NOI	8. Trada, profession, or pa kind of work dona, a SAWYER, BOOKKEE	rticular as SPINNER, PER, etc.		ormin.	Lostro Enterites (acute) 8/1/34
OCCUPATION	9. Industry or business in work was dona, as S SAW MILL, BANK, e	which ILK MILL.	******		
000	10. Data deceased last wor this occupation (mon year)	th and	11. Total t spe occ	ime (years) nt in this upation	
12.	BIRTHPLACE (city or town). (State or country)		ll Co.,		Other Contributory Causes of importance:
EX	13. NAME RO	od Dors	еу		
FATHER	14. BIRTHPLACE (city or to	wn) Carr	coll Co.		Name of operation Data of Was there an autopsy?
EX	15. MAIDEN NAME	Ola Ho			23. If death was due to external causes (VIDL ENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or too (State or country)	wn) Mont		Co.	Accident, suicide, or homiciale?
17.	INFORMANT ROD (Address) R. F. D	Dorsey Mt. Ai			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, DR R	EMDVAL		a = 1.	Manner of injury
	PlaFairview	Cemty	Date Aug	5. 9. 19.34	Natura of Injury
19.	UNDERTAKER	m. Ha	etti. ma	4.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20.	FILEGULG 8 , 1	3411	max.	Wydle Registrar.	(Signed) Los Cam Pany M. I. (Address) That numeries R. D. 8.
		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Gallstones	May 1,1923	Gastroenteritis	1 year	

properly classified.

See instructions on back of certificate.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

B.-WRITE PLAINLY,

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF DEA	тн			9	
	CountyCa	rroll			Registration Dist. No.	8
	Village or City	Blcom.	- R.F.D			Ward
	Length of residence in c			C (II	death occurred in a horpital or institution, give its NAME instead of street and n	umber)
	The second second				ds. How long in U. S. if of foreign birth?yrsmo	sds.
2	. FULL NAME					
	(a) Residence: No.		Bloom, Mc	d.	St., Ward.	0
erani:	PERSONAL AN	ND STATIST			If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3.		OR OR RACE		RIED, WIDOWED.	21. DATE OF DEATH	
	Female W	hite	OR DIVORCE	D (write the word)	Oliquet 10	193.4
5a.	If married, widowad, or div HUSBANO of		1 04.	11510	(Math) (Day)	(Yaar)
	HUSBANO of (or) WIFE of				22. I HEREBY CERTIFY, That I attended of	deceased from
-						19.34
-	DATE OF BIRTH (month, da	,	1	1	×	; death is sald
7.	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at VIII COAm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
		111	8	ormin.	wera as follows:	Date of onset
OCCUPATION	8. Trade, profession, or p kind of work dona SAWYER, BOOKKE	as SPINNER,				0. /
	9. Industry or business i	n which			1 Statetto Stiettmara	0.6
CUP	work was done, as SAW MILL, BANK,	SILK MILL, etc			J	
000	10. Date deceased last wo this occupation (mo	orked at	11. Total t	ime (years) nt in this		
	year)			upation	Other Contributory Conses of Importance:	
12.	BIRTHPLACE (city or town)		roll Co		Whohim Cons	
	(State or country)	Mar	yland			
ER	13. NAME		sworthy		4	
FATHER	14. BIRTHPLACE (city or t	OWII)	derick	Co.,	Nama of operation Date of	
-	(State or country)	Maryl			What test confirmed diagnosis? Was there an au	utopsy?
MOTHER	15. MATDEN NAME		et Blac	K	23. If death was due to external causes (VIOLENCE) fill in also the following:	
10	16. BIRTHPLACE (city or t	own) Carro	oll Co.		Accident, suicida, or homicida? Date of Injury	, 19
2	(State or country)	Mary	land		Where did injury occur? (Specify city or town, county and State	
17.	INFORMANT HOW	ard Esw	orthy.		Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CE.
10	(Address) R. F. D BURIAL CREMATION, OR		tminste:	r.Md.		
10.	Focust Gr		- Date A11	g. 11.1034	Manner of Injury	
	/-	most.	A	(J.C. 2000.)	Nature of injury	
19.	UNDERTAKER	fi sfa	OB 7	- J	24. Was disease or injury In any way related to occupation of deceased?	7
-	(Address)	rouful	( n	7	If so, specify Outland Man Country	
20.	FILED 5-11-	19.34	6 Mg	tarrer	(Signed). (Address) (Algo Lung to M	1 M. D.
		7	du	4 Registrar.	(Audress)	9

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

VARGIN RESERVED

V. S. No. 1 N. B.-

	S				CERTIFICATE OF DEATH	08064
1. PL	ACE OF DEA	TH M3		colored E	osis Sanatorium  Branch Registration Dist. No.	
	illage or City He		Marvlar	d.	Ale	Wand
			,	(1)	NoSt.,_St.,	umber)
	ength of residence in c				s. 12 ds. How long in U.S. if of foreign birth?mo	sds.
2. FU	ILL NAME J	ohn Hen	ry Field	ls		
(a	) Residence: No	2322 C			iltg., Mdward.	
			(Usual place		If nonresident give city or town and	State
	ERSONAL AN		,		MEDICAL CERTIFICATE OF DEATH	
3. SEX Mal	e Co	lored	5. SINGLE, MARI OR DIVORCED SINGLE	(write the word)	21. DATE OF DEATH August 16, 1934.	, 193 (Year)
5e. If mar HUS (or)	rried, widowed, or divo BAND of WIFE of	orced			22. I HEREBY CERTIFY, That I attended of April 4, 1934, 10 Aug., 16,	deceased from
6. DATE	OF BIRTH (month, de	y, end year)	ct., 2,	1910,	last saw h im alive on Aug., 16, 19349	; death is seid
7. AGE	Years 23	Months 10	Days	If LESS than  1 dey,hrs.  ormin.	to have occurred on the date stated above, at 11.00 A.M.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
- 18 T	8. Trade, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BOOKKEEPER, etc.			i ormini.	Pulmonary Tuberculosis	Sept
01	SAWYER, BOOKKE	as SPINNER, L.	aborer			1933
OCCUPATION 6	ndustry or business in work wes done, as SAW MILL, BANK,	SILK MILL,				
10.0	this occupation (mo year)	rked et nth and	11. Total ti	me (years) it in this pride		
	HPLACE (city or town) State or country)	Glouces Virgi	ter Co.		Other Coutributory Causes of importance:	
13. N	AME Cha	rles Fi	elds			
13. N	IRTHPLACE (city or to (State or country)	/411/	oucester rginia	. Co.,	Name of operation	71
œ   15 M		eorgia :			Whet test confirmed diagnosis? Was there en et	
	IRTHPLACE (city or to (State or country)	Glou		.,	23. If death was due to external causes (VIII ENCE) in in a so the following:  Accident, suicide, or homicide?  Dato of injury	
17. INFOR		n E. 0'	Neill, N		Where did Injury occur?	CE.
18. BURIA	ace W C	REMOVAL	Date 8	8 1,19.14	Manner of injury  Nature of injury	7,
	RTAKER TO SAN Address)	nca a	Hen	isley	24. Wes disease or injury in any wey related to occupation of deceased?	
20. FILED	8/16/34	19 Dep			(Signed) Man (g, Mell) (Address) Tenaybon	C: M.D.
	(	If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

THE PROPERTY OF THE PROPERTY O	mation should be carefully supplied. AGE should be stated EAACLE 1. FRISICIA.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stateme	
VALLE OF CL	e stated EA	e properly class	f certificate.
TITE TO STATE OF	Snoula	t it may b	on back o
DALCALIA ACT	uppiled. Act	terms, so tha	e instructions
La completion	oe careinny s	ATH in plain	mportant. Se
WILL THANK	ration should	AUSE OF DE	TION is very important. See instructions on back of certificate.

STATE	OF	MARYI	AND-	-CERTIFIC	CATE	OF	DEATH
JIAIL	OI	MIVIVIE	AIYU .	CLIVIII	SAIL		DLAII

10	(	60	18	fla
11	A	2.3	Pi	P
V	8	U	U	9.

1	L PLACE OF				93-0	
	County	Carroll			Registration Dist. No	74
		Springfie		(If	1, NSykesville, Md. St.,	Ward
				- Uyrs mos	. 13 ds How long in U. S. if of foreign birth?yrsm	ios ds.
		Frederic No25 N. Ab			timpre, Md. (Brother)	d State
	PERSONA	L AND STATIST	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
	Male	Mhite	5. SINGLE, MAR OR DIVORCE Sing	RIEO, WIOOWED, D (write the word) Le	21. DATE OF DEATH August 21 (Month) (Day)	, 193 4 (Year)
5e.	If married, widowed HUSBAND of (or) WIFE of	, or divorced			22. I HEREBY CERTIFY, That I attended July 15 19 33 to August 21	deceased from
6.	DATE OF BIRTH (me	onth, day, and year) Fe	b. 11,	190/4		; death is said
	AGE Years	Months	Days	of LESS than	to have occurred on the date stated above, at 12:30 m.	
	3:0	6	10	1 day,hrs.	Tha PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:	Data of onset
OCCUPATION	SAWYER, B 9. Industry or bu- work was d SAW MILL, 10. Date deceased	k done, as SPINNER, OOKKEEPER, etc sinass in which one, as SILK MILL, BANK, atc last worked at ion (month and	spe	ime (years) ntin this	Chronic Myocarditis	
12.	. BIRTHPLACE (city of (State or country)	, (OWII)	nore, M	d.	Other Contributory Causes of Importance: Epilepsy	1911
FATHER	13. NAME  14. BIRTHPLACE (c) (State or co)	,	imore,	Md∙	Clinical symptoms and  Name of operation Autopsy	autonew V D G
ER	15. MAIDEN NAME	Annie Ker	npe	121 11111	23. If death was due to external causes (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE (c	,,	imore,	Md.	Accident, suicide, or homicide? Date of injury Whare did injury occur?	, 19
17.	INFORMANT Spr (Address) S	ingfield Sykesville,	tate Ho Maryla	spital	(Specify city or town, county and Stan Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
18.	BURIAL, CREMATIO	N, OR REMOVAL	Oete Au	9.23,1934	Manner of injury	
19	UNOERTAKER (Address)	sio. K. Su	he m	J.,	24. Wes disease or injury in any way related to occupation of deceased?	No.
20.	FILEO Lug	· 21, 1903 4 G	Harr	y Heer Registrar.	(Signed) Harry F. Baer, (Address) Sykesville, Mary	Cand.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JORES OF STREET	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE	OF	MARYL	AND-	CERTIFI	CATE	OF	DEATH
	~ I	TANA ALA I P	11110	OFILITIES.	0/11	O I	D L/ \ 1 1 1

1	(1)	()	0	a	10
	0.7	7	33	2 4	25
	V	0	V	V	17%

1. PLACE OF DEATH  County Carroll	(131) Wy7
	Registration Dist. No. / Z'
Village or City Silver - Lun	NoSt., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Clusten Undelew	Groft
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. If married widowed or divorced  The married widowed or divorced	21. DATE OF DEATH Que 26 198 34 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of mary (Hesselring) Shop	1 HEREBY CERTIFY, That I attended deceased from 1929, to Case 26., 19.34
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above at 6-20Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Policies SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, es SILK MILL SAWK, etc.  10. Date decessed last worked et this occupation (month and year)  12. BIRTHPLACE (city or town)	Confessed September 1929 Concessed September 1929 Other Coutributory Causes of Importance: 34
(State or country) Plnna.	Valuelas Heart Exacese margin
14. BIRTHPLACE (city or town)  (State or country)	Name of operation
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. MAIDEN NAME  Plua  Lia  Lia  Lia  Lia  Lia  Lia  Lia  L	23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION OR REMOVAL Place Library Removal Place Place Removal Place Removal Place Removal Removal	Manner of injury Nature of injury
19. UNDERTAKER STATES FOR Address PA	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED and 28 , 19 Walnut Francisco	(Signed) M. D.  (Address) Man Mallo M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. z.

V. S. No. 1

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis. 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1923 1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

properly classified.

certificate.

See instructions on back of

TION is very important.

of OCCUPA.

Exact statement

ğ

1	S	TATE C	F MARY	/LAND-	CERTIFICATE OF DEATH	10064
1	I. PLACE OF DEA	TH			(3)	18067
	CountyC	arroll			Registration Dist. No.	14
	Village or CityS	vkesvil	le. Md.	Spri	ng Ni.eld State Hospital St., death occurred in a hospital or institution, give its NAME instead of street and i	Ward
	Length of residence in ci	ty or town where	loath neauread	(II	death occurred in a hospital or institution, give its NAME instead of street and i	umber)
		· Transfer Touris		XIS		)sds.
	2. FULL NAME					
	(a) Residence: No	1.63.	(Usual place o	r St. B	alsto., Mwaid,  If nonresident give city or town and	State
-	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	Diate.
3.		r or RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH August (Month) (Day)	, 193_4
5a.	If married, widowed, or divo	rced				(Year)
	(or) WIFE of	Ella Co	ook		June 7 1934, to Aug. 30	, 19. 34
	DATE OF BIRTH (month, day	, and yeer) Ma	arch 4,	1867	liast saw h_im. alive on Aug. 30 ,19.34	; death is said
7.	AGE Years	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2:15. p. m.	
_	67	5	26	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	Date of onset
NO	8. Trade, profession, or particular kind of work done, as SPINNER, Glass grinder				Gen. arteriosclerosis, chro	nic .
ATI	9. Industry or business in	which	rasa.gri	uuer	Interstitial nephritis and	
OCCUPATION	9. Industry or business in work was done, as S SAW MILL, BANK, o	SILK MILL,			myocarditis	Unk.
00	10. Date deceased last wor this occupation (more year)	nth and 🔼 🙇 🤱	11. Total times spent occup	ne (years) in this 40 Y pation 40 Y		
12.	BIRTHPLACE (city or town). (State or country)		lmore rvland		Other Contributory Canses of importance: Bronchopneumonia	8-27-34
2			yrand			
FATHER		Groscup			<i>i</i>	
FA	14. BIRTHPLACE (city or to (State or country)		ennsvlva	nia	Name of operation	
ER	15. MAIOEN NAME TEL		Davis	114	What test confirmed diagnosis? Phy Signs Was there an a	ulopsy?NO
MOTHER	16. BIRTHPLACE (city or to	Del	Ltimore,		Accident, suicide, or homicide?	
Σ	(State or country)	Ma	aryland		Where did injury occur?	
17.	INFORMANT HOSP		ls, S. S.	. Hosp.	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ice.
18.	BURIAL, CREMATION, OR R	EMOVAL	0.1	1 -	Manner of Injury	
-	Plate CUL	tell	Oate Olfe	1.5.,193.4	Nature of injury	
19.	UNDERTAKER (Address)	Lowse	dEr.	us UL.	24. Was disease or injury in any way related to occupation of deceased? Ka	proofe.
20.	FILED LING 30,	,346	Harry.	Haee  Registrar.	(Signed) John L. Welhered  (Address) S. Elfon, S. Annuelle,	M.D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	<b>PHYSICIAN</b>
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Example I	i i	Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 Tays ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		en e	

FA

MOTHER

very

(State or country)

16. BIRTHPLACE (city or town).

18. BURIAL, CREMATION, OR REMOVAL

(Stete or country)

John E.

or-ate

should st.	County	Carroll	Maryla	Colored	Branch	natorium  (23) Registration
PHYSICIANS short statement of 0	Village Dr Cit  Length of residu  2. FULL NAN  (a) Residence	ence in city or town where Savanne	death occurred	O <sub>yrs</sub> 9 mos n e., Balto	. 27 ds. How lon	pital or institution, give its NA g in U.S. if of foreign birth? ard.
PH	PERSONA	AL AND STATIST	ICAL PARTI	CULARS	MED	DICAL CERTIFICA
	s. sex Female	4. COLOR OR RACE Colored	5. SINGLE, MARI OR DIVORCED Marrie	RIED, WIDOWED, (write the word)	21. DATE OF I	Aug.,
5	Sa. If married, widower HUSBAND of (or) WIFE of		m Horto	n	22. 1 HE Oct., 25	REBY CERTI
certificate.	6. DATE OF BIRTH (m	nonth, day, and year)	ne 6, 1	905		elive on Aug., 2
	7. AGE Years	Months	Days 15	If LESS than 1 day,hrs. ormin.	The PRINCIPAL CAL	the date stated ebove, et5
NO	8. Trade, profess kind of wo SAWYER.	ion, or particular irk done, as SPINNER, BDOKKEEPER, etc	Housewi	fe	Pulmona	ry Tubercul
TAGIL	9. Industry or bi					
000	10. Date deceased this occupa year)		II. Total ti			
1	12. BIRTHPLACE (city (State or count	or town) Wendel	l, h Carol		Dther Contributory C	auses of importance:
0	13. NAME	Claude Wh	nitley			
2		2222	71. 1.	7		

Richardson

Carolina

Registrar.

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O'Neill, M. D.,

Henryton, Maryland.

STATE OF MARYLAND—CERTIFICATE OF DEATH

on Dist. Np. ME instead of street and number) ent give city or town and State TE OF DEATH 1934. (Day) FY. That I attended deceased from euses of importance osis 23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide? Where did Injury occur?\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. Manner of injury Nature of injury If so, specify (Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state OCCUPA-

Jo

n	8	0	7	U
U	U	U		()

1. PLACE OF DEATH	59	
County Carroll	Registration Dist. No. 26	
Village or City Westminster	No. St.	Ward
(1	f death occurred in a horpital or institution, give its NAME instead of street and is	
$\bigcap$	10 P	U3u3.
2. FULL NAME Wilson Mu	St. Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (gariet the word)	21. DATE OF DEATH (Wolft) (Oay)	, 193(Year)
5a. II married, widowed, or divorced HUSBAND o1 (or) WIFE of	22. I HEREBY CERTIFY That I attended	
6. DATE OF BIRTH (month, day, and year) July 26 1907		e; death is said
7. AGE Years   Months   Oeys   If LESS than   1 day,hrs.	to have occurred on the date stated above, at	
27   7   7   1   1   1   1   1   1   1	were as follows:	Date of onset
Kind of work done, as SPINNER, Laborer	0. 61. 1	
Industry or business in which	Drabeles Meletus	(lug 1927
work was done, as SILK MILL, SAW MILL, BANK, etc		1-1-/
10. Date deceased last worked at this occupation (month and year) occupation.		
) Soul /	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)		
	Warred and the LIAMA	-
(Stata or country)	Name of operation Oete of What test confirmed diagnosis was the August State of Stat	outonay? [10]
15. MAIDEN NAME Mollis Shottle	23. If death was due to external causes (VIOLENCE) fill in elso the following	
15. MAIDEN NAME MOULE Spelle	Accident, suicide, or homicide? Date of injury	
(Stata or country)	Where did injury occur?	, 10
17. INFORMANT Charles Kughes (Address) Westminster	(Specify city or town, county and Stat Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Wellermanster 6 m. Date Curq: 16, 1934	Manner of Injury	
19. UNDERTAKER HBankard for (Address) Witchminster Mrd.	24. Was disease or injury in any way related to occupation of deceased?	Uo
20. FILEO 8/15-, 19 4 HUV DE Registrar.	(Signed) Durky Box (Address) Salumsty W	M. D.
	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.	-

STATE OF MARYLAND—CERTIFICATE OF DEATH

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDGAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA-

1. PLACE OF DEATH	46)
County Carroll	Registration Dist. No.
Village or City Taneytown Des	Mon. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?msds.
2. FULL NAME / Maurice Willia	in Hull
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Luhite S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martaret (Musbaum)	22. HEREBY CERTIFY, That I ettended deceased from 3 4 to Recog 20 19 3 9
6. DATE OF BIRTH (month, day, and year) Dec. 25-18-85	I last saw his a alive on and 20 1934 death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date steted above, at 31 45 Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Hammy SAWYER, BOOKKEEPER, etc.	were exfollows:  Date of onset  Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) . Mary land.	Other Cantributory Causes of Importance:
II 13. NAME Pulton, Wull	
14. BIRTHPLACE (city or town) Maryland, (State or country)	Neme of operation Dete of 1971/13  What test confirmed diagnosis?  Was there an autopsy?  2
15. MAIDEN NAME Mary Duttera	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Hayland (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT You and Hall (Address) hew offered to	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place South Churchete Quy A3., 1934	Manner of injury
19. UNDERTAKER JUSTICE STATES OF THE STATES	24. Was disease or Injury Ip shy way related to occupation of deceased?
20. FILED Aug. 21, 19.3 x Mary B. Wilt	(Signed) M. D

If more blanks are needed, gravess State Registrar, 2411 N. Charles Street, Baltimore, Requesting O. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
WENT V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH		(25)	08012
County Carroll		Reg	gistration Dist. No. 83
Village or City Hoods	Mill	No.  (If death occurred in a hospital or institution, giv.	St., Wal
Length of residence in city or town v	here death occurredyrs	mos. 3 ds. How long in U.S. if of foreign	
2. FULL NAME ALBE	RT KING.		
(a) Residence: No.	ayfield, MdR F (Usual place of about)	D. SillicowatCity,	nonresident give city or town and State
	ISTICAL PARTICULARS		FICATE OF DEATH
Male Black	S. SINGLE, MARRIED, WIDOWER OR DIVORCED (write the word Married	21. DATE OF DEATH	(th) (Day) (Year)
5a. If married, widowed, or divorcad		22. I HEREBY CE	
₩₩₩## Carrie	Thomas King		RTIFY, That I attended deceased from to
6. DATE OF BIRTH (month, day, and year)	1882-3-9	I last saw h etiva on	, 19; death is sa
7. AGE Yaars Month			alated causes of importance
Trade, profassion, or particular kind of work done, as SPINNE		Chronic ale	Oate of ons
kind of work done, as SPINNE SAWYER, BOOKKEEPER, atc 9. Industry or business in which	<u> </u>	Cornie, Co	alal parsoning
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			······································
10. Data dacaased last worked et this occupation (month and year)	I1. Total tima (yaars) spent in this occupation		
12. BIRTHPLACE (city or town)HOV		Other Coutributory Causes of importanca:	
	.King.	- German	×
13. NAME John A  14. BIRTHPLACE (city or town) H  (State or country) March	oward Co.	Name of operation	Dete of
	Sands	23. If death was due to externel causes (VIC	
O TO. BIKTHPLACE (City of town)	oward Co.		Date of injury, [9
17. INFORMANT John A.: (Addrass) Henryton		Specify whether injury occurred in INOUS	ecify city or town, county and State) TRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Cem. Oete Aug. 19,19	Manner of injury	
19. UNOERTAKER 6. M. (Addrass) Wind	Walfa.	24. Was disaase or injury in any way ralate	
20. FILET (Lug /8, 1934)	dua M. Hellel	(Signed) (Address)	4. Caylon M.

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH 75)

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1	TARGIN RESERVED FOR BINDING	ID FOR BINDING
N. B.—WRITE PLAINLY, WI	TH UNFADING INK-TI	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. EV
mation should be carefull	ly supplied. AGE should	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICI/
CAUSE OF DEATH in p	lain terms, so that it may	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem
TION is very important	TION is very important See instructions on back of certificate	of certificate

1	STATE (	OF MAR	YLAND-	CERTIFICATE OF DEATH	08073
1. PLACE O	F DEATH			23	/
County	arroll	-1		Registration Dist. No	7.4
Village or (	City Lykesu	rele	(II	Nas Skringfeeld State Ha f death occurred in a horpital or institution, give its NAME instead of st	rect and number)
Length of res	idence in city or town where	death occurred		ds. How long in U.S. If of foreign birth?yrs	
2. FULL NA	ME Lase	Kirk	rek		
(a) Resider	nce: No. 340	5- Par (Usual place	& King of abode)	Mard.  If nonresident give city or t	own and State
PERSON	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DE	ATH
3. SEX	4. COLOR OR RACE		RIFD, WIDOWED, D (rurite the word)	21. DATE OF DEATH (Month) (Day)	1934 (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of			,	22, I HEREBY CERTIFY, That I	attended deceased from
	1.	. ,	1907	apt 20 1932, 10 augu	
6. DATE OF BIRTH	(month, day, and year) (In ars Months	Days	If LESS than	I last saw hat elive on delegated the to have occurred on the date state above, et . G	1922_; death is said
	2 4	Days	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importa	псе
8. Trade ntofe	ession, or particular	1	ormin.	were as follows:	Date of onset
kind of sawyer	work done, as SPINNER, CR, BOOKKEEPER, etc.	rashr	e	The black places of C.	11-20-8
a 9 Industry or	business in which is done, as SILK MILL, CLL, BANK, etc.	lothing	stare	Lunge	· · · · · · · · · · · · · · · · · · ·
10. Date deceas this occu year)	sed last worked at upation (month and / 9	30 II. Total ti	ime (years) nt In this pation Muke		
12. BIRTHPLACE (ci		Timore		Other Contributory Causes of Importance:	
13. NAME	Lexin K	in a si	0	Vermenter Rassas	1900
I	11-	him		Name of a sealing	
14. BIRTHPLACE	r country)	reia		Neme of operation	Date of
15. MAIDEN NA	AME Xara .7	arena	-er	23. If death wes due to external ceuses (VIOL ENCE) fill in elso the	
6 16. BIRTHPLACE		upus	eres	Accident, suicide, or homicide?	
≥   (State or	r country) / Cee	esea.		Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT(Address)	Lykeroci	Rees Md	ede	Specify whether injury occurred in INDUSTRY, in HOME, or In PU	BLIC PLACE.
18. BURIAL, CREMAT	TION, OR REMOVAL	elfale au	46,130	Manner of injury	
19. UNDERTAKER (Address)	Jack Le	wie	ud.	24. Was disease or injury In any way related to occupation of decei	ased?
20. FILED Lieg	9.4,19344	Harry	Registrar.	(Signed) Mand M. Lene (Address) Sykerick M	M. D.
	If more	blanks are needed, a	iddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Gallstones	May 1,1923	Gastroenteritis	1 year

# A PERMANENT RE stated EXACTLY. FOR BINDING properly classified. ARGIN RESERVED UNFADING INK-THIS plnods it may CAUSE OF DEATH in plain terms, so that supplied. mation should be carefully

certificate.

of

See instructions on back

TION is very important.

-WRITE PLAINLY,

m.

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 08079
county Carroll	Registration Dist. No. 444
Village or City Aykesville (If	No. Springfeld Stale Avopital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  22 ds. How long In U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Henry J. Kraft	
(a) Residence: No. SejKesvelle md. (Usual place of abode)	St., Ward:
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word) Married  That	21. DATE OF DEATH angust 1141 ,193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Engle.	22. April 1 HEREBY CERTIFY, That I attended deceased from april 20 2 19 32 to Carsust 1/2 19 34
6. DATE OF BIRTH (month, day, and year) Leptenther Machinen 1859	I last saw h den alive on august 0/14, 1934; death Is sal
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
Trade profession or particular	Were as follows:  Outeriosclerosis,  Date of onset
kind of work done, as SPINNER, Cabinet maker  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and where the spent in this spent in this	Chrome Myocarditis and Chrome 1932
12. BIRTHPLACE (city or town) Frederick (State or country) In d.	Other Contributory Causes of importance:  Acarhoea and Enteritie Georgie
~ 2	(hozost)

I3. NAME Unknown FATHER 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME

(State or country)

16. BIRTHPLACE (city or town)

(Address)

(Addres

Registrar.

23. If death was due to external causes (VIOL ENCE) fill In also the following:

Accident, suicide, or homicide?\_\_\_ (Specify city or town, county and State)

Nature of injury

24. Was disease or injury in any way related to occupation of

If so, specify (Signed)

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The principal cause of death and related causes f importance were as follows:  Arteriosclerosis  Chronic interstitial nephritis	1915 1921	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car	Date of onset  1 week ago
			1 week ago
hronic interstitial nephritis	1921	Rum over his street car	
		Than over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		4	(3)
			14 ,00
Other contributory causes of importance:		Other contributory causes of importance:	A . CB. B
Gallstones	May 1,1923	Gastroenteritis	1 Syear
		1.20	2
			an 1 5 /

of OCCUPA.

STATE O	F MARYL	AND-CERTIFICATE	OF	DEATH
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08075

1	. PLACE O	F DEATH Carroll	Mar		perculosis Sanatorium	
	County Village or C	77	, Maryl	and.	No. St., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
				O yrs. O mos	. 10 ds. How long in U.S. If of foreign birth?	osds.
2	. FULL NA	ME Geneva I	ancaste	r		
	(a) Residen	ce: No. Brentw			gest, Co., Wid.	
	PEDSON	IAL AND STATIST	(Usual piace		If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,					21. DATE OF DEATH	
Female Colored Structure the word)			OR PLYORGE	(write the word)	Aug., 27, 1934. (Month) (Day)	, 193
5a. If married, widowed, or divorced HUSBAND of						
(or) WIFE of					28/17/34 EREBY CERTISY 27 34 tended	deceased from
6. DATE OF BIRTH (month, day, and year) Aug., 31, 1915				1915	lest saw her alive on Aug., 27, 19349	_; deeth Is said
7. /	AGE Yea		Deys 27	If LESS than  1 dey,hrs.  ormin.	to have occurred on the date stated above, et 11.30m, P.M.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
9 Trade profession or particular					ware as follows: Pulmonary Tuberculosis	DateGienset
읩	SAWYER	work done, es SPINNER, BOOKKEEPER, etc.	DOMODUI			1933
Notes that the second state of the second stat						
220	10. Date deceas	ed lest worked at pation (month and	11. Total t	ime (years) nt in this		-
12. BIRTHPLACE (city or town) Brentwood,					Other Contributory Causes of importance:	•
(State or country) Maryland.						-
FATHER		Pisc	ataway.			
F		(CITY OF TOWN)	aryland	•	Name of operation Date of What test confirmed diegnosis? Was there an	autoney? U.A.
ER	15. MAIDEN NA				23. If death was due to externel ceuses (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE	(city or town) Benni	ngs,		Accident, suicide, or homicide? Date of injury	
(State of Country)				-	Where did injury occur? (Specify city or town, county and Sta	
17. INFORMANT John E. O'Neill, M. D., (Address) Henryton, Caryland.					Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Parties Date are 938/1934				eg 28/1934	Manner of injury	~
19.	UNDERTAKER	H J	nely	Heres	24. Was disease or injury in any way related to occupation of deceased?	tu
20.	(Address) FILED 8/27	1/34 /9/ 04	u Co	D'West	(Signed) Thu Or Other	CLM. D.
		Debut	V Incel	Registrar.	(Address) / / Eusyst	on

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Batimore, Requesting V. S. No. 1.

V. S. No. 1

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			.,

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH USUTE
1. PLACE OF DEATH	93-0
County Carroll	Registration Dist. No. 76
Village or City Bachmans Walley	No. St., Ward
	osds. How long In U.S. if of foreign birth?mosds
2. FULL NAME Charles Lippy	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (writeshe word)	21. DATE OF DEATH  Aug - 29 - 34  (Month) (Oey) (Yeer)
5a. If merried, widower or divorced HUSBANO of Clizabeth Mull Jiphy	22. J HEREBY CERTIFY. Thet I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Que 11 1871	I last saw h an alive on any 27 1984: deeth is said
7. AGE Years Months Days If LESS than	to heve occurred on the dete stated above, et 32 m.
63 8 17 1 1 dey, hrs	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were estallows:
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oete decesed last worked et this occupation (month end spent in this sequention (month end spent in this sequention).	Myocordelis
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Oete decessed last worked et this occupetion (month end year) part in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Constitutors Causes of importance:
14. BIRTHPLACE (city or town)	Name of operation Oete of
(State of County)	Whet test confirmed diagnosis? Was there en eu'opsy?
15. MAIOEN NAME Not Moon 16. BIRTHPLACE (city or town)	23. If death was due to externel ceuses (VIOLENCE) fill In elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Clirabiths Liphy (Address) Bachmans Waller	Where did injury occurred In Injury occurred In
18. BURIAL, CREMATION, OR REMOVAL Place Seamans 6em. Dete USS 30,1934	Manner of injury
19. UNDERTAKER HBankard + Son (Address) prestminates on	24. Was disease or injury in any wey related to occupetion of deceased?
20. FILEO 19 19 Fillosolulos Registrar.	(Signed) M. D. M.

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11 .- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	74011
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	'Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

V. S. No. 1 ä ż

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH	
АТН		Con		A	

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U	0	U	1	1	
		100			

1. PLACE OF DEATH			(31)	. /
County Carroll	********		Registration Dist. No	74
Village or City Jukes	ilu		No pringfield State Han	Setal Ward
Length of residence in city or town who	ere death occurred	/ / //	death occurred in a hospital or institution, give its NAME instead of fire	
2. FULL NAME Make	is Lit	udlo	ff.	
(a) Residence: No. 1729	Usual place	skingter	Ust., Ward. Halleman, Ad	own and State
PERSONAL AND STATIS	STICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEA	ATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARE OR DIVORCED	(write the word)	21. DATE OF DEATH Queguet 9	, 193 4
Sa. If married, widowed, or divorced	2		(Bay)	(Year)
HUSBAND of Clubuowa	of Lust	aff.	22. I HEREBY CERTIFY, That is a	ttended deceased from
6. DATE OF BIRTH (month, day, and year)	au. 27, 10	954	i last saw here alive on aug 91	19-24; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 1.4.7 Pm.	
80 6	13	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importan	Date of onset
8. Frade, profession, or particular kind of work done, as SPINNER,				Date of onset
SAWYER, BOOKKEEPER, etc.	none		Ludocarditis	1930
9. Industry or business in which work was done, as SILK MILL,	/ 19,5119 -2, 0011			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		me (years) t in this pation	Caronia suphrelia	193
12. BtRTHPLACE (city or town). Bat	Timere		Other Contributory Causes of importance:	
(State or country) Mary	and		Secile Psychosis	1930
13. NAME adam	chauide	u		
14. BIRTHPLACE (city or town)	wherew	u	Name of operation	
	100	1 -	What test confirmed diagnosis? Was th	
I TOTAL	1 sules 100	ace	23. If death was due to external causes (VIOLENCE) fill in also the	
O 16. BIRTHPLACE (city or town)  (State or country)	waren		Accident, suicide, or homicide? Date of injury	, 19
17 INFORMANT Agefutal (Address) Sukusus	Rees	ds	Where did injury occur?(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PUE	and State) BLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	,		Manner of injury	
Place and mark	Cem Date aug.	13, 1934	Nature of injury	
19. UNDERTAKER Hary TO	Witake	auls	24. Was disease or injury in any way related to occupation of decea	sed?
20. FILED Lug. 9, 1934	Harry	Hou	(Signed) Many Ull. News	
•		Registrar.	(Address) - Syphian III	<i>A</i>

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	)	Other contributory causes of importance:	``
Gallstones	May 1,1923	Gastroenteritis	1 year

of oecupa.

08078

1. PLACE OF DEATH	
County arroll,	Registration Dist. No. / 6
Village or City Des Westmansles	No arrall Co Homest, Ward
(If Length of residence In city or town where death occurredyrs3mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Lagar The has	0
(a) Residence: No. Mel Caro, Carroll (Uqalplace of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wright the word)	21. DATE OF DEATH S 2 2 - , 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1. b. a. 1857.	1 last saw h alive on 8 - 22 , 19 5 4; death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at the thing said
82 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	
kind of work done, as SPINNER. SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	artero sclusia or gio
work was done, es SILK MILL, SAW MILL, BANK, etc	
O 1D. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) LC of Cand	Tratally tribeal frame
13. NAME Investorial 14. BIRTHPLACE (city or town) Inst Leve or town	shage f
4 14. BIRTHPLACE (city or town) Instantence own	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME LIKENOWN  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country) linkingway	Where did injury occur?
17. INFORMANT Curpusling Alarge Bert	Specify whether injury occurred in MDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
as Basel Co free Date & 20 ,1924	Nature of injury
19. UNDERTAKER J. Bankard & Son	24. Was disease or injury in any way related to occupation of deceased?
(Address) fratmusti Ind	If so, specify Alms
20, FILED 19 19 19 19 19 19 19 19 19 19 19 19 19	(Signed) M. D. (Address) Washington S. 24 / 2000

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of onset

Date of ....

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH	1080
1. PLACE OF DEATH	1/8	1
County Carrall	Registration Dist. No.	4
Village or City of the smile	Not pringfield State Many	Selvere
1	death occurred in a hospital provisitution, give its NAME instead of street and as	
2. FULL NAME Son Auleaux		
(a) Residence: No. 3 /	St 11 Maria Man Sing Tan V	1
(Usual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jecuse 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	193 4 (Year)
HUSBAND of Cor) WIFE of Jacob J. Orleans	22.   I HEREBY CERTIFY, That I attended d	eceesed from
11, 1 1, 1, 1, 1, 1, 1, 1	July 1, 1928, to aug	19.34
6. DATE OF BIRTH (month, day, and year) (Malusan) / FT 4 7. AGE Yeers   Months   Days   If LESS than	to have occurred on the date stated above, at 3.3.3.4.m.	; death is said
6 4   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	were as follows:	Date of enset
kind of work done, as SPINNER, Nauswegs	Labar menuonia	8-8-34
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and		,
10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town). Muhum	Other Contributory Causes of importance:	
(State or country) Russia	Sundutrical Relaudeli	1928
13. NAME dear Margolis		
14. BIRTHPLACE (city or town) Multiplication (State or country)	Name of operation Date of	
Colate of country / Current	What test confirmed diagnosis? Was there an au	ropsy?
H CONTRACTOR	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) bulkbarran. (State or country)	Accident, suicide, or homicide? Date of Injury  Where did injury occur?	, 19
17. INFORMANT Karfietel Records	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	CE.
18 BUDIAL CREMATION OF BEMOVAL	Manner of injury	
Place Wash D. C Date 9/11 , 1934	Nature of injury.	
19. UNDERTAKER B. Dansausky	24. Was disease or injury in eny way related to occupation of deceased?	
(Address) 350)-14/ Stage Wash. W.	If so, specify	
20. FILED LUG-11 153 of Oxfarry New	(Signed) Massely My. Care	M. D.
Registrar.	(Address) Ly Revelle N	1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage	July 5,1927	Peritonitis	3 doys ogo
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gostroenteritis	1 year

MARGIN RESERVED FOR BINDING

B ż

1. PLACE OF DEATH	F MARYLAND—	——————————————————————————————————————	0808
County Cornel		Registration Dist. N	0. 76
Village or CN Master		No.  f death occurred in a hospital or institution, give its NAME instead  ds. How long In U.S. if of foreign birth?	St., Ward
2. FULL NAME Babe (a) Residence: No. N. F. D	(Usual place of abode)	St., Ward.	
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3. SEX  4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (water the word)	21. DATE OF DEATH  (Month)  (Death)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			t I attended deceased from
6. DATE OF BIRTH (month, day, and year)	-21-34	l last saw h un alive on $\beta - 2/-3$	, 19; death is sald
7. AGE Years Months	Days If LESS than I day,hrs.	to have occurred on the date stated above, at	,
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	7/		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at	lone	Must	,,,,,,,
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Bill	
12. BIRTHPLACE (city or town) Wish	umsli It	Other Contributory Causes of importance: 7	
(State er country)  13. NAME Lorly Brown A	rugs	}	
13. NAME LOCA BANGE A.  14. BIRTHPLACE (city or town) More	ylend	Name of operation	Date of
(State of country)		What test confirmed diagnosis?	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	inf.	23. If death was due to external causes (VIOLENCE) fill in also Accident, suicide, or homicide? Date of i	
17. INFORMANT Forh Pu (Address) Walles	ing MAS	Where did injury occur?  (Specify city or town, co Specify whether injury occurred in INDUSTRY, in HOME, or i	ounty end State) n PUBLIC PLACE,
18. BURIAL, CREMATION OR REMOVAL Place On A Banuse	Date aug 22, 19 37	Manner of injuryNature of Injury	
19. UNDERTAKER Oarl Charless) Tylum	inflate 231	24. Was disease or injury in any way related to occupation of	deceased?
20, FILED 2, 1937	Registrar.	(Signed) Mishing	nch life M. C

CTATE OF MANUELLIN

CEDITICIOATE OF DEATH

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

of

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

# STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA-

:	I. PLACE O	F DEA	TH	Mary	land Tube	reulosia Sanatorium				
	County_C				Color	red Branch (23) Registration Dist. No. 74				
	Village or C	ity He	nryton,	Maryla	nd.		ard			
	Length of rasi	idance in c	ity or town whera o	feath occurred	O vrs 2 mos	f death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmos	do			
					Persons	in the state of th	.us.			
	(a) Residen	C			A. Co.,	Md.				
	(a) Residen	ce: No		(Usual piace		St., Ward.  If nonresident give city or town and State				
	PERSON	IAL AN	D STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH				
	sex 'emale		or or race		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH AUgust 7, 1934.				
5a.	. If married, widow HUSBAND of	ed, or dive	orced			(Month) (Day) (Yeer)				
	(or) WIFE of					June 6, 1934 19 to Au . , 1934	rom			
6.	DATE OF BIRTH	(month, da	y, and year) Ju	ne 2, 1	919	I last saw h er alive on Aug., 7, 1934, 19 ; deeth is	said			
7.	AGE Yea	ırs	Months	Days	If LESS than  1 day,hrs.	to have occurred on the date stated above, et 5.07 M.				
-		.5	2	5	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Pulmonery Tuberculosis  Pate of on	tes			
NO	kind of v	8. Trade, profession, or particular kind of work done, as SPINNER, Scholar				Fullionary luberediosis Jaly				
OCCUPATION	9. Industry or	business in	EPER, etc			130	0			
CUP	SAW MIL	L, BANK,	SILK MILL, etc							
00	10. Date decease this occur year)	ed last wo pation (mo	rked at ntb and	11. Total t	time (years) int in this upation					
	DIDTIDL ACT (-)		Annapo			Other Contributory Causes of Importance:				
12.	BIRTHPLACE (cit (State or cour			yland.						
ER	13. NAME	losby	Person	S						
FATHER	14. BIRTHPLACE	(city or to	wm) Nash	ville,		Name of operation				
_	(State or	country)	Te	nnessee	}	What test confirmed diegnosis? Was there an autopsy?	20			
MOTHER	15. MAIOEN NA	ME AI	denia J			23. If death was due to external causes (VIOLENCE) fill in elso the following:				
OTI	16. BIRTHPLACE	(city or to	wn) Ann	apolis, Marylar	-	Accident, suicide, or homicide?				
- 7		country)				Where did injury occur? (Specify city or town, county and State)				
17.	17. INFORMANT John L. O'Weill, M. D., (Address) Henryton, Maryland.					Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
18.	BURIAL, CREMAT	ION, OR F	REMOVAL,	7 18		Manner of Injury				
	Place Que	w	Helf	Date Lug	19.34	Nature of injury				
19	UNDERTAKER	69	anti	dir al	Solli.	24. Was disease or injury In any way releted to occupation of deceased?	,			
	(Address)	E	ing	model	il mel	If so, specify				
20.	FILED 8/7/	134	19	UNING	Mill	(Signed) Aug Of Melli-N	. D.			
	1 7		Keruty	Tocal	Registrar.	(Address) NEveryton	Ed			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

N. B.—WRITE PLAINLY, WITH

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Example I	l)	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUPPAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state of OCCUPA-

## STATE OF MARYLAND-CERTIFICATE OF DEATH

08083

1. PLACE OF DEATH		48)	
County Carroll		Registration Dist. No. 8	1.
Village or City anim Bridge		No D XI	*** *
	(If o	death occurred in a horpital or institution, give its NAME instead of street and n  ds. How long in U.S. If of foreign birth?	umber)
1 - 1	0	role	sus.
2. FULL NAME / eta Engun	e V	······································	
(a) Residence: Np. (Usual place of ab.	ode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICUL	LARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED OR DIVORCED (W) Longer	rite the word)	21. DATE OF DEATH (Month) (Day)	193 34 (Year)
5a. If married, widowed, or divorced HUSBAND of			,,,,,
(or) WIFE of Jaul Backn	ran	22. I HEREBY CERTIFY, That I attended of ST. 1934, to ST. 7	
6. DATE OF BIRTH (month, day, and year) Freb 23 - 1	852	I last saw h. Lo	, 19 2.X
7. AGE Years Months Days	If LESS fhan	fo heve occurred on the date stated above, at	, death is said
	day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Trade profession or particular		1	Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc Druss Make		Carcinoma	
kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Dafe deceased last worked at this occupation (month and		ff f	
U 1D. Dafe deceased last worked at this occupation (month and spent in	years)		
this occupation (month and spant In occupation			
12, BIRTHPLACE (city or fown) Frederick Co		Other Coutributory Causes of Importance:	
(State or country) In anyland			
13. NAME Harry Or. Boole  14. BIRTHPLACE (city or town) Frederick CS			
4 14. BIRTHPLACE (city or fown) Frederick CS		Name of operation Dafe of	
(Siste or country) Marylerso		What fest confirmed diagnosis? Was fhere an au	opsy?
15. MAIDEN NAME Myra Fromey  16. BIRTHPLACE (city or town) Frederick Co		23. if deafh was due to external ceuses (VIOLENCE) fill in also the following:	
0 16. BIRTHPLACE (city or town) The derick Co		Accident, suicide, or homicide?	
(State or country) mayland		Where did injury occur?  (Specify city or town, county and State Specify whether injury occurred in INDIISTRY in HOME or in PURICE PLA	)
17. INFORMANT Havy on, Poole (Address) new on and		Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury	
Place Cerum ville Date any 9	19.34	Nefure of Injury.	
19. UNDERTAKER THE ankard + Sen (Address) Westmint and		24. Was disease or injury in any way raiated to occupation of deceesed?	
20. FILED duy 8, 1934 / Gehm	Registrar.	(Signed) 1. N. Legg (Address) Userian Brown	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	NY CONTROL OF THE PROPERTY OF	Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
HURPAU V				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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item

back

instructions

19. UNDERTAKER (Address)

#### STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City (If death occurred in a hospita) or institution, give its NAME instead of street and number) Length of residence-in city or town where death occurred .mos.\_\_\_\_ds. How long in U.S. if of foreign birth?\_\_\_\_\_yrs. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIYORGED (wpite the word) Rugle, (Dey) 5a. If married, widowed, or divorced HUSBAND of 22. CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, dey, end year) 7. AGE Months Davs If LESS than to have occurred on the date stated above, at I day, ....hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or ..... min. Date of onset 8. Trede, profession, or particular OCCUPATION 10-5 kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc ..... 10. Date deceased last worked et 11. Total time (years) this occupation (month end spent in this occupetion \_\_ 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diegnosis? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_ (Specify city or town, county and State) 17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address Manner of injury Nature of injury.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

(Address) \_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

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cause of death and related causes Date of ons were as follows:
y 1 week a
t car 1 week o
3 days a
tory causes of importance:

V. S. No. 1

08085

1. PLACE OF DEATH		<u></u>		,
County Carroll	Α		Registration Dist. No7	4
Village or City Harth Bea	ruele	NoNo	St.,	Ward
			tion, give its NAME instead of street and	
Length of residence in city or town where death occurr	redyrsmos.	ds. How long in U.S. if o	f foreign birth?yrsm	iosds.
2. FULL NAME Saud	Stall o	1721		
(a) Residence: No. (Uau	al place of abode)	St., Ward.	If nonresident give city or town and	l State
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL C	ERTIFICATE OF DEATH	
	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH	(Month) (Day)	., 193
5a. If married, widowed, or divorced			(Month) (Day)	(Year)
HUSBAND of (or) WIFE of		22. I HEREBY	CERTIFY, That I attended	deceased from
			, 19, to	, 19
6. DATE OF BIRTH (month, day, and year)	1.10 1934	I last saw h alive on	, 19	; death is said
7. AGE Years   Months De	eys If LESS than	to have occurred on the date state	ed above, atm.	
Stellbour	1 dey,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:	TH and related causes of importance	1
8. Trade, profession, or particular	01	were as follows.	11	Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		8-1-11	Frank.	
9. Industry or business in which		N. Carrette		
work was done, es SILK MILL, SAW MILL, BANK, etc				
	Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town) Marille	Brauch	Other Contributory Causes of impo	ortance:	
(State or country)	rd.			
13. NAME Willielm San	<i>uds</i>			
13. NAME WILLIAM & ONLY 14. BIRTHPLACE (city or town)		Name of operation	Date of	
14. BIRTHPLACE (city or town)	L.		Was there an	
15. MAIDEN NAME Saley (Color of town)	liuson		uses (ViOLENCE) fill in also the followin	
O 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	Date of injury	, 19
∑ (State or couptry)	d.	Where did injury occur?		
17. INFORMANT Willieling S. (Address) Wairotter	uds	Specify whether injury occurred i	(Specify city or town, county and Sta n INDUSTRY, in HOME, or in PUBLIC PI	ite) LACE.
18, BURIAL, CREMATION, OR REMOVAL	uce ma			
Horarele Teauch pare	lug 11 1934	Manner of injury		
19 UNDERTAKER HELL & Sou	, June		vay related to occupation of deceased?	
(Address) Syllesville	med.	If so, specify	1 000.	4.
20 EHED LEED 11 10 34 Colla	my Heer	(Signe Hayy	Meer Sub- Kegs	Malmo.
20, 11660	Registrar.	(Address)	Megalle The	L.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Quei)

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

no	Physician	CE FOR FURTHER STATEMENTS BY PHYSIC	CIAN ALLE LANGE
		- Just of the	25.55.000

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-CEF	RTIFICATE	OF	DEATH
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4.5	(	6	CV	10
0	0	U	U	0

1. PLACE OF DEATH			<b>→</b>			
County Carroll.		-	Registration Dist. No.			
Village or CitySpringfie	ld State	Hospital	l, No. Sykesville, Md. St.	Ward		
		(If	death occurred in a hospital or institution, give its NAME instead of street and number	r)		
Length of residence In city or town when	e daath occurred	yrs,mos	. 19 a.ds. How long in U.S. if of foreign birth?yrsmos	ds.		
2. FULL NAME W.Mort	imer San	ner,				
(a) Residence: Np. 3903 W	oodbine (Usualplace	Avenue,	St., Ward. Baltimore, Md. If nonresident give city or town and State			
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE White.		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH August 4, , , 193	34.		
5a. If married, widowed, or divorced	1 11200	ou.	(Month) (Day) (	Year)		
HUSBAND of (or) WIFE of Annie Ben	nett		22. I HEREBY CERTIFY, That I attended decease			
Amile Ben	11000.		July 16, 1934, 10 August 4, 1			
6. DATE OF BIRTH (month, day, and year)		16,1862.	i last saw him alive on August 4, ,134 · ; deat	h is said		
7. AGE Years Months	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at 9 a 100 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance			
71. 7.	19.	ormin.	were as follows:	Lof gnaet		
Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc	etired M	inister	Diabetic Coma 8/3/1	34.		
	and	THIDOOL				
ndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	rance Ag	ent.				
10. Data deceased last worked at	22 Tatala	ime (years)				
this occupation (month and 19	34 000	upation 43				
12. BIRTHPLACE (city or town) Balt	imore.		Other Contributory Causes of importance: Chronic Interstitial			
	ryland.		Nephritis	?		
# 13. NAME Sylvester	Sanner,			4		
13. NAME Sylvester 14. BIRTHPLACE (city or town)			Name of operation Date of			
(Stata or country)	ryland.		Clinical Symptoms & Lab Tests Was there an autopsy	12 Mo		
15. MAIDEN NAME Elizabet	h Frisby	,	23. If death was due to external causes (VIOL ENCE) fill in also the following:			
16. BIRTHPLACE (city or town)			Accident, suicide, or homicide? Date of injury, 1	19		
E (Stata or country) Ma	ryland.		Whera did injury occur?			
17 INFORMANT Springfield	State Ho	sp.Record	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
(Address) Sykesvill	e. Md.					
18. BURIAL, CREMATION, OR REMOVAL	1	27 3	Manner of injury			
Prince	Data CLU	9.7,1934	Natura of injury			
19. UNDERTAKER & La Roy	Stiffle	1 Due	24. Was disease or injury in any way related to occupation of deceased? No.e.			
(Addiess) Syrces	ville 7	nd.	if so, specify			
20 FILED aug. 5 19.74	Hany	There	(Signed) Harry F. Baer,	M. D,		
, 130		Registrar.	(Address) Sykesville, Md.			

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 wear

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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RTIFICATE	OF DEATH	
(Month)	26 -	193(Year)
1929 to a	Y. That I attended the second of the second	6-1934
H and related ceuse	es of importance	Date of onset
orandis	lsa.	Must
rtence:		
u.	Date of	
	Was there a lin also the follow Dete of injury	
(Specify city or INDUSTRY, in HO	town, county and S ME, or in PUBLIC	State) PLACE.
	~~~	
	ation of deceesed?	
kringfi	rie n	Hospital
juesting V. S. No. Syke	urlle ?	red,

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Re

Registrar.

(Address)

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Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
AND MENTAL SHEET AND		Married No.	

11. 11		
Clanda auna	ng room fable, lighted a vigaselle sat down	
and a few	minules later bloopped blad.	
		_

infor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor state UPA	1. PLACE OF DEATH	
	County Cogrolly	Registration Dist. No. 77
item of should of OCC	Village or City Manysslead	No. St., Ward
# 0	(If Langth of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number)
SICIANS atement	CO .710	Strile
ICI Item	2. FULL NAME Cloud Wysoes	vigney.
Y. st	(a) Residence: No. (Usualplace of abode)	St., Ward. / If nonresident give city or town and State
INCO Fract	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Ex. Ex	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write the world)	21. DATE OF DEATH
L Y	Thale While maned	(Month) (Oay) , 1933 (Year)
RMANENT X A C T L 1 classified.	58. If married, widowed, or divorced, HUSBAND of Cory WIFE of Color Corp WIFE of Color Cory WIFE of Color Color Corp WIFE of Color Colo	22. I HEREBY CERTIFY, That I ettended deceased from
A 1 SS	(or) HIE of Delilah Stufiley.	Two alludance to,
	6. DATE OF BIRTH (month, day, and year) april 11,1868	I last say of centre on Dudderely 19 death is said
d l d l erly	7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at QHJ P. m.
IS A PE stated E properly certificate	66 4 3 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
	8 Trade profession or particular	Date of onset
Hogo	SAWYER, BOOKKEEPER, etc. Vet, V. 19, Ongween	whenle Del. of Horart
VK_T should it may n back	On Industry or business in which work was done, as SILK MILL.	0
S t u	O 10. Oate deceased last worked at 11. Total time (years)	,
	this occupation (month end 1.49 4 spent in this occupation occupation	Other Contributory Causes of importance:
NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Haufsland	Other Contributory Causes of Importance.
AAD ed. S, S	(State or country) Manglegying	
ITH UNFA illy supplied plain terms,	13. NAME (Isacloss Stripley)  14. BIRTHPLACE (city or town) Proliminster (State or country)	
sur sur See	2 14. BIRTHPLACE (city or town) Vadlutister	Name of operation Date of
IIIy olai	( Course of county) / Light British	What test confirmad diagnosis? Was there an autopsy?
LY, WI'I carefully TH in pla	15. MAIDEN NAME araly Colored (State or country)	23. If death was due to external causes (VIOLENCE) fill in also tha following:
AINLY, W ld be carefu DEATH in	5 16. BIRTHPLACE (city or town) Turily steaff	Accident, suicide, or homicide? Oate of injury, 19
AINLY d be ca DEATH	(State or country) Mighael Alexander	Where did injury occur?(Specify city or town, county and State)
S P B E	17. INFORMANTHUS DELEGACY Stuffleef	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA]	(Address) Franchiste and Mal F	Manner of injury
	Place Greenmont, Mote august 17, 1934	Neture of Injury
-WRITE mation s CAUSE TION is	Jacob Tuink Some	24. Wes disease or Injury In eny way related to occupation of deceased?
TCH	19. UNDERTAKER Jacob Wint Jons (Address) manchester m. d.	If so, specify
m (	20. FILED Cing. 15 , 1934 Mildred S. Hughes	(Signed) Edgar M. Brown . M. O
z ()	(deputy Vegistrar.	(Address) Manufistered Md
	If more blanks we needed, address State Registrar,	2411 N. Charles Street, Haltimore, Requesting U. S. No. 1.

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Chranic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days aga
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	18089
1. PLACE OF DEATH	(31)	11
County Carriel	Registration Dist. No	14
1/4	No. St.,  If death occurred in a hospital or institution, give its NAME instead of streat and os. ds. How long in U.S. if of foreign birth?	Co
2. FULL NAME aguie (Beach) Sp	acches. How long in U.S. if of foreign birth? 6.9 yrs. V.	mosQas.
(a) Residence: No. Ay Kerrelle Med. (Usual place of abode)	St., Ward.  If nonresident give city or town an	nd State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Massied:	21. DATE OF DEATH  (Month) (Day)	., 193 (Year)
5a. If merriad, widowed, or divorced HUSBAND of (or) WIFE of Sr. D. B. Speeche.	22. I HEREBY CERTIFY, That I attended.  - Qua // 1934 to Qua 13	d deceased from
6. DATE OF BIRTH (month, day, and year) Viene 10. 1865	I last saw h. es alive on Ocea 13 , 19 30	
7. AGE 69 Years 2 Months 8 Days If LESS than I day,hrs. orhrs.	to have occurred on the date stated abova, at IV.SSA:m.	
8. Trade, profassion, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month end	Central Embelus.	Bate of onset
9. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, atc.		
10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation 48		
12. BIRTHPLACE (city or town) Red Neils (State or country) Vieginia	Other Contributory Causes of Importance:  (ardis tascular - Mexal	10 year
13. NAME Kes. Chas. N. Beach  14. BIRTHPLACE (city or town)  (Stata or country)  13. NAME  Res. Chas. N. Beach  14. BIRTHPLACE (city or town)  (Stata or country)	Name of operation Oate of What tast confirmed diagnosis? Was thara an	autoney? Mo
15. MAIDEN NAME Frances Caleman Boods.	23. If daath was due to external causes (VIOLENCE) fill in also the following	
15. MAIOEN NAME Frances Caleuran Mording 16. BIRTHPLACE (city or town) (State or country)  Onnich end	Accident, suicida, or homicida? Oate of injury Where did injury occur?	
17. INFORMANT D. DB Apaceler (Addrass) Sykewille Md.	(Specify city or town, county and St. Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) L'ACE.
18 BURIAL, CREMATION, OR REMOVAL  Story 15, 134	Manner of injury	
19. UNDERTAKER NEW TOWN DELLE - (Addiess) Lines will Md.	24. Was disaasa or injury in any way related to occupation of daceasad?	No.
20. FILED 13, 1934 CHarry Hoer Registrar.	(Signed) - Jand Certain (Addrass) Dummid, M.V.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 m of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0809	0
1. PLACE OF DEATH	(92-02)	
County_ Carrole	Registration Dist. No.	
Village or City Pykesville	No. Springfree state Hospital St.	Ward
Length of residence in city or town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long In U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Ospy Steckman	B , a h .	
(a) Residence: No. (Usual place of abode)	St., Ward. Cumpesland Ad.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Thate 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wildowed	21. DATE OF DEATH  (Month) (Day)  (Ye	ear)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Marden name unknown	22. I HEREBY CERTIFY. That I attended deceased October 10 1931, to arrange 10 1 19	d from
6. DATE OF BIRTH (month, day, and year) Anknown Unfurem 1847	I last saw has alive on august 9th, 1934; death	is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, at 15A m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and )	15105	731
Industry or business in which work was done, as SILK MILL, Horse SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and lumbur)  year)  11. Total time (years) spent in this purpose occupation		
12. BIRTHPLACE (city or town) Luhnown (State or country) Runnsulvania	Other Contributory Causes of Importance: Mithal and aortic Prince	vrli
	Stenosis 19:	31.
Ε	Name of operation Home	
(State or country) Occurrytracia	What test confirmed diagnosis? Determined Was there an autopsy?	no
15. MAIDEN NAME Chyabeth Bainar  16. BIRTHPLACE (city or town) Unhurwn  (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:	11
5 16. BIRTHPLACE (city or town) unhum	Accident, suicide, or homicide? Date of injury, 19.	
(State of county)	Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT fringfuld state Hospital Records Sylesville. md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Space Company of the	Nature of Injury	
19. UNDERTAKER Laws Stein Due (Address) Cumbuland mil.	24. Was disease or injury in any way related to occupation of deceased? The	
20. FILED Lug. 10, 1934 CHarry West.  Registrar.	(Signed) from M Morris (Address) (D.D. N. ) Pypeoville, ma	_ M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis

S BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
MARGIN RESERVED FOR BINDING	WITH UNFADING INK-THIS IS	efully supplied. AGE should be state	in plain terms, so that it may be prop
V. S. No. 1	N. B.—WRITE, PLAINLY,	mation should be cal	CAUSE OF DEATH

STATE OF MARYLAND	CERTIFICATE OF DEATH (1809)
1. PLACE OF DEATH	92-0)
County Caproll.	Registration Dist. No.
Village Dr City Lucy deer burg.	No. St., Ward
Length of residence in city of town where death occurred	If death occurred in a hospital or institution, give its NAME instead of street and number)  os
0 0 1+	
2. FULL NAME / CLOSELL D. XILES	charl
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCEO (write the word)  Mairied.	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Orothus 3. Stephenus	22. I HEREBY CERTIFY, That I attended deceased from  Macle 1938, to Curry, 20, 1934
6. OATE OF BIRTH (month, day, and year) May 30, 1901	Hast saw h Amalive on Que. 191 19.3 4; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, af 1.1. C.m.
33 Z ZO 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importence ware as follows:
kind of work done as SDINNED	Mitral Insufficiency 1 yr.
	Ų O
SAW MILL, BANK, etc. Saw Cagucullus	ie
11. Total fime (years) this occupation (month and	
year) Circle 70, 14.24   occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town the surge demostrate (Steta or country) Whouse Dud 13. NAME Franklish Stepheau	Ciculi Ditilation Quedant
W 13. NAME Frankless Stehleau	
	Name of operation Date of
4 14. BIRTHPLACE (city or town)? Salamusolus Mid. (State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME of day M. Gualina	23. If deeth was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Meadling (State or country) Many Company	Accident, suicide, or homicide?Oate of injury, 19
(State or country) Manylery of.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Des Alleger B. Slefelian, (Address) Slevenslet mil R. J. 4	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Manner of Injury
ridic Aller Annual Control of the Co	Neture of injury.
19. UNDERTAKER Strangis Reak (Address) Medining Medining	24. Was disease or Injury in any way related to occupation of deceased? No.
20. FILED S. J. 3, 1932 Alle soder. Registrar.	(Signed) Chya M. C. Sush M. O.  (Address) Manufished M. M. O.
If more blanks are needed, address State Registra	17, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
LATIRE NO.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE	OF MARYLAND—CERTIFICATE OF DEATH	
	Monusland Muhamaulagia Canatamium (22)	

U	8	U	9	2	

1. PLACE	OF DEATH	M	aryland	Tubercu	losis Sa	natorium	(23)		
County	Carrol:	1		Colored F	Branch		Registration	Dist. No. 74	
Village or	City Hen	ryton,	Maryla	nd.	No	a hospital or institution		St.,	Ward
Length of re	esidence in city o	r town where d	leath occurred	O yrs O mos	death occurred in	w long in U.S. if of fo	, give its INAM relgn birth?	E instead of street and	mosds.
2. FULL N	AME Lev	vi Str	aiten						
		Wallvi	lle, Ca.	Lvert Co.	., Md.	Mand			
(a) Resid	ence: No		(Usual place		St.,	Ward.	If nonresident	give city or town as	nd State
PERSO	NAL AND	STATISTI	CAL PARTI	CULARS		MEDICAL CER		OF DEATH	
s. sex Male	4. COLOR O		5. SINGLE, MARI OR DIVORCEI Single	RIED, WIDOWED, (write the word)	21. DATE O	of DEATHAU			, 193
5a. If married, wid HUSBAND of	1		1			(	Month)	(Day)	(Year)
HUSBAND of (or) WIFE of					22. Aug., 3	, 1934 19	ERTIF	Y. Thet I ettende ug., 27,	d deceased from
6. DATE OF BIRTI	H (month, day, en	nd year) A	pril 2,	1908	I last sew h		g., 27	ug., 27, , 1934,	; death is said
	'ears	Months	Days	If LESS than	to have occurred	d on the date stated a	oove, at 9 .	00 A.M.	
	26	4	25	I day,hrs.	The PRINCIPAL were as follows	L CAUSE OF DEATH	nd related caus	ses of Importance	12
8. Trade, pro	fession, or partic	cular T	oh om om		Pulmon	ary Tube	rculos	is	Date of enset
SAWY	f work done, as S ER, BOOKKEEPER		aporer		-				1933
9. Industry o	r business in wh was done, es SILK	MILL, -							
10. Date dece	AILL, BANK, etc ased last worked	et	II. Total ti	me (vears)	-				
this oc year)	COPPLY PORT OF THE	and	Unkii	tin this					
12. BIRTHPLACE (	We	allvil	le.		Other Contribute	ery Causes of importa	nce:		
(State or co	ountry)	Maryl	and.		-				
13. NAME	James S	Strait	en,			· · · · · · · · · · · · · · · · · · ·			
13. NAME	CE (city or town)	Wal	lville,		Name of operati	on		Dete of	~
(Stete	or country)		Maryland			med diagnosis?		Wes there en	11.
15. MAIDEN	NAME	??????	?? The	Prescont.		due to external causes			
15. MAIDEN N	CE (city or town)	Wall	ville,					Date of Injury	G.
E (State	or country)	Ma	ryland.		Where did injury	y occur?			
17. INFORMANT (Address)			Neill, Mar		Specify whether	Injury occurred in IN	(Specify city or DUSTRY, in HO	town, county and St OME, or in PUBLIC P	ale) LACE,
18. BURIAL, CREM.			1 91	,	Menner of injury	v			
Delact 1.	ceru	will	Coate //	19 ,1934	Nature of injury	_			-7
IO UNDERTAKER	Show	. 8	m			or injury in any way	elated to occur	ation of deceased?	10
19. UNDERTAKER (Address)	Jan	Kenn	Alex	ni.	If so, specify	may may may	7-1	55 '	
20. FILED 8/2	7/34	the	1.60	971:00	(Signed)	<u> </u>	Mus (	01971	ell, M. D.
ZU, FILED. SZZ		Denut	Ly Local	Registrar.		dress)	V	TENIER	En mis

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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back

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20, FILED 8/2/34

BINDING

OCCUPA.

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If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

August

Registration Dist. No. 74

2. FULL NAME Myrtle Joyce Tynes. 1308 Ashland Avenue, Balta., Md Ward. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, QR DIVORCED (write the word) Female. Colored 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) NOV., 18. 7. AGE If LESS than Months Days 1 day, \_\_\_\_hrs. 16 8. Trade, prolession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_\_ Student 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_ 10. Data deceased last worked at 11. Total time (years) this occupation (month and year) Baltimore. 12. BIRTHPLACE (city or town) \_\_\_ (State or country) FATHER 13. NAME Taylor Tynes Smithfield. 14. BIRTHPLACE (city or town). Virginia (State or country) MOTHER 15. MAIDEN NAME Emily Anthony. 23. II death was due to external causes (VIOLENCE) fill In also tha following: Smithfield Accident, suicide, or homicide?\_\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?\_\_\_\_ Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Maryland 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Cem. Nature of Injury. 24. Was disaase or injury in any way related to occupation of deceased?

HEREBY CERTIFY, That I attended deceased from to have occurred on the date stated above, at 10.00 mA. The PRINCIPAL CAUSE OF OEATH and related causes of Importance Oate of onset Pulmonary Tuberculosis Dec 1933 Name of operation\_\_\_\_ What test confirmed diagnosis?\_\_

(Specify city or town, county and State)

oca If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

(Address) \_\_\_\_

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Cerebral hemorrh ge	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

	1. PLACE OF	ST	TATE C	OF MAR	YLAND- Tubercul	CERTIFICATE OF DEATH US	094
	County Ca	rrol	1	(	cotorea B	ranch Registration Dist. No. 74	
	Village or Ci	ty He	nryton	, Maryla		NoSt.,	Ward
				death occurred	yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number death.  ds. How long in U.S. If of foreign birth?mosmos	
	2. FULL NAM						
	(a) Residence	e: No.Je	fferso:	n, Fred (Usual place	erick Co.	, Mard.  If nouresident give city or town and Sta	de
	PERSON	AL AN	D STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
	sex Male		or race		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH August 16, 1934 (Month) (Day)	93 (Yaar)
5a	. If married, widowe HUSBAND of (or) WIFE of		lda We	edon,		22. 7/13/34 HEREBY CERTIFY, That I attanded dec	easad from
6.	DATE OF BIRTH (	month, day	and veer) OC	t., 14,	1907	I fast saw h 1m alive on Aug., 16, 1934,	eath is said
	AGE Yaar	rs	Months 10	Days 2	If LESS than 1 day,hrs.	to have occurred on the data stated above, at 6 . OO A . M .  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
-	. 8. Trada, profes	sion, or na	rticular		ormin.	more se follows:	eta afonsot
LION	kind of w SAWYER,	ork done, a BOOKKEE	S SPINNER, I.	aborer			1933
OCCUPATION	9. Industry or b work was SAW MILI	done, as S L, BANK, e	which ILK MILL, tc		************		
000	10. Date decease this occupyear)	d last work ation (mon INKN-C	th and	11. Total t	ima (years) nt in this 1027-1001		
12. BIRTHPLACE (city or town) Jefferson, (State or country) Maryland.						Other Contributory Causes of importance:	
ER	13. NAME EC	lward	l Weedo	n			
FATHER	14. BIRTHPLACE			ferson, ryland.		Name of operation Date of	7
ER	15. MAIDEN NAM	-		Herbert		What test confirmed diagnosis? Was there an auto	psy?
MOTHER	16. BIRTHPLACE (Stete or			ferson, Maryland	i.	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicida, or homicide?	_, 19
17	. INFORMANT			eill, M. n, Mary		(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18	BURIAL, CREMATI	1	relle Ce	M. Dato alu	9.18,1934	Mannar of injury	
19	UNDERTAKER (Address)	4. R	E tobe	payl	and	24. Was disease or injury In eny way related to occupation of dacaesad?	49
20	FILED 8/16	6/34,	Dep	uty Loc	Heill.  Registrar.	(Signed) This Officer (Address) Taxagton	UM. D.
			If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
			2 godi

ARGIN RESERVED FOR BINDING

V. S. No. 1

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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. EV	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stateme	
ERM	EX	cla	e.
IS A P	stated ]	properly	TION is very important. See instructions on back of certificate.
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INLY,	be car	EATH	importa
PLA	pluor	DFD	very
ITE	ls no	SE (	SI N
-WR	matic	CAU	TION

1.	PLACE O	F DEA	тн		land Tube	CERTIFICATE OF DEATH ored ored Branch 23 Registration Dist. No. 74	08095
	Village or	City He	enryton,	Maryla:	yrs 2 mos	No. (above)  St.,  f death occurred in a hospital or institution, give its NAME instead of street and s. 20 ds. How long In U. S. if of foreign birth?	Ward number)
2.			*		Williams Co., Md. of abode)	St., Ward.  If nonresident give city or town and	l State
	PERSOI	NAL AL	ND STATIST	ICAL PARTI		MEDICAL CERTIFICATE OF DEATH	
3. S		4. COL	or or race	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Aug., 3, 1934 (Month) (Day)	, 193
5a.	If married, wido HUSBAND of (or) WIFE of	wed, or div	orced			22. I HEREBY CERTIFY, That I attended May 14, 1934, 19, toAug., 3, 1	deceased from
6.0	ATE OF BIRTH	(month d	av and vear) A	ug., 1,	1915	last saw him alive on Aug., 3, 1934 19	: death is said
7. A		ears	Months	Days	If LESS than	to have occurred on the date stated above, at 7.10 mA. M.	
1		9	0	2	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
NO			particular , as SPINNER, EPER, etc	Farme		were as follows: Pulmonary Tuberculosis	Date of enset
OCCUPATION	9. Industry or work w SAW MI	business l as done, as ILL, BANK,	In which SILK MILL, etc	Unkno	wn		Jan. 1934
8	10. Date decea this occ year) _	sed last wo upation (m	orked at onth and Unkn	11. Total t	ime (years) nt in this upation UNKNOW	Other Coutributory Causes of importance:	
12.	BIRTHPLACE (d (State or co			Hall Tand		- Countries Countries of Importance.	-
ER	13. NAME		Mill	ard Wil	liams		
FATH	14. BIRTHPLAC	E (city or to	own) Pine Mary	y Neck land		Name of operation Date of	//
2	15. MAIDEN N.		Blan	che Whe	ats	What test confirmed diagnosis? Was there an 23. If death was due to external causes (VIOLENCE) fill in also the followin.	
MOTHER	16. BIRTHPLAC		Rock	Hall		Accident, suicide, or homicide? Date of injury  Where did injury occur?	•
17.	NFORMANT (Address)		ytoh, M	eill, M	. D.	(Specify city or town, county and Sta Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PL	te) ACE.
18,	BURIAL, CREMA	TION, OR	4 4141	1 Date 8 / 5	, 1954	Manner of injury	
19.	(Address)	5	France 18 Biol	Hem	sly	24. Was disease or injury in any way related to occupation of deceased?	lo.
20.	FILED 8/3	3/34	19 Dept	ty Loca	Melly- Registrar.	(Signed) Aug D. Mes (Address) Aug D. S. No. 1.	tous.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year